

## Direct Deposit of Net Pay Enrollment

Submit completed form to:

Your Agency Direct Deposit Coordinator or Payroll Office

| TYPE OF<br>ACTION  | NEW ENROLLMENT Attach a voided check or most recent bank statement.   |
|--|---|
| EMPLOYEE SECTION   |   |
| EMPLOYEE<br>IDENTIFICATION   | FIRST M.I. LAST  REFERENCE NUMBER WORK TELEPHONE AGENCY   |
|  |   |
| ENROLLMENT   | PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY, INCLUDE TRUSTEE OR JOINT OWNER) PERSON 1   |
|  | PERSON 2  |
|  | ABA NUMBER*  ACCOUNT NUMBER**  (CHECK ONLY ONE)  SAVINGS  CHECKING  |
|  | * ABA BANK NUMBER: CHECKING ACCOUNTS - ABA number is the first nine (9) numbers before the account number at the bottom left corner of the check SAVINGS ACCOUNTS - Contact your bank for ABA number, if not known. |
|  | **ACCOUNT NUMBER: See check, passbook or account statement for account number.  |
| EMPLOYEE AUTHORIZATION   |   |
| I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service. |   |
| EMPLOYEE<br>SIGNATURE  |   |
| AGENCY PAYROLL SECTION   |   |
| DOCUMENT #   | JSN PAYROLL#  |
| ENROLLMENT REJECTION REASONS Inactive Leave Status Other   |   |
| MANAGER /<br>SUPERVISOR  | Name (Please Print)  Signature  |
| ENTERED INTO Pi  | Name (Please Print)  Signature  |